

COMMUNITY HEALTH ATLAS

FOR

LINDA VISTA

March 2004

**Produced by the County of San Diego Health and Human
Services Agency as part of the Partnership for the Public's
Health Initiative, funded by The California Endowment and the
Public Health Institute**



*Linda Vista
Collaborative*



County of San Diego

JEAN M. SHEPARD
ACTING AGENCY DIRECTOR

RENÉ G. SANTIAGO
DEPUTY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY NORTH CENTRAL REGION

8965 BALBOA AVENUE, SAN DIEGO, CA 92123
(858) 616-5815 FAX (858) 616-5816

- ☐ CHILDRENS SERVICES
6950 Levant Street
San Diego, CA 92111
- ☐ FAMILY RESOURCE CENTER
5201-K Ruffin Road
San Diego, CA 92123
- ☐ FAMILY RESOURCE CENTER
7947 Mission Center Court
San Diego, CA 92108
- ☐ HOSPITAL OUTSTATION SERVICES
COUNTY MEDICAL SERVICES
HEALTHY SAN DIEGO
8840 Complex Drive
San Diego, CA 92123
- ☐ NO. CENTRAL PUBLIC HEALTH CENTER
2440 Grand Avenue
San Diego, CA 92109

March 29, 2004

Dear Reader:

This atlas was produced through the combined efforts of the Health and Human Services Agency, Public Health Services and community partners involved in the Partnership for the Public's Health. It represents a response to a desire for data that reflects the priorities of community residents as well as public health experts. We are pleased to see this resource made available to current and prospective partners in community health improvement efforts.

Hopefully, the availability of this resource document assists you to understand public health and quality-of-life issues in the North Central Region. The design of the atlas is intended to be user-friendly, with information provided that assists you to find additional data on the topics covered in the atlas. The information might help you to establish a need for new services or to generate support for systems changes or new policies. Please use your copy of the atlas and share it with others. In fact, you are encouraged to add to your copy of the atlas additional community-level data to which you have access.

In the North Central Region, we know that collaborative work with community partners is essential to success. We welcome your participation in co-creating healthier communities.

René G. Santiago, Deputy Director
North Central Region

Carol J. Judkins, PHN
Public Health Nurse Manager
North Central Region



Linda Vista Collaborative

a Partnership for the Public's Health

March 31, 2004

Dear Reader:

This Atlas has been produced through the combined efforts of the Health and Human Services Agency, Public Health Services and community partners involved in the Partnership for the Public's Health. It represents a response to the community's expressed need for the data that reflects the health status and quality of life of residents within our service area. Care has been taken to include data on those issues and indicators that are important to community residents as well as to public health experts. We are pleased to see this resource made available to current and prospective partners in community health improvements efforts.

Hopefully, the availability of this resource document will assist us all in our efforts to understand our community better, and to develop programmatic responses to address areas of need. The design of the atlas is intended to make it user-friendly, with information provided that assists the user in finding additional data on the topics covered in the atlas. The information might help to establish a need for new services or to generate support for systems changes or new policies. Please use your copy of the atlas and share it with others. In fact, you are encouraged to add to your copy of the atlas additional community-level data to which you have access.

In the North Central Region, and particularly in Linda Vista, we have learned over time that working in collaboration with community partners is essential to success. On behalf of the Linda Vista Collaborative, I welcome your participation in co-creating healthier communities.

Sincerely,

Robyn Prime
Linda Vista Collaborative
A Partnership for the Public's Health

6973 Linda Vista Road • San Diego, CA 92111
Visit our website www.lindavistasd.org

TABLE OF CONTENTS

INTRODUCTION.....	1
A. ORIENTATION.....	3
County Overview.....	5
Base Map	6
<i>Map 1: Base map of area included in atlas.....</i>	<i>7</i>
General Land Use Classification	8
<i>Map 2: General land use classification and community resources.....</i>	<i>9</i>
B. COMMUNITY DESCRIPTION.....	11
Population Density.....	12
<i>Map 3: Population density.....</i>	<i>13</i>
Population Structure.....	14
<i>Chart 1: Population pyramid (by age and gender).....</i>	<i>15</i>
Ethnicity	16
<i>Map 4: Ethnicity percentages.....</i>	<i>17</i>
Household Size.....	18
<i>Map 5: Average household size.....</i>	<i>19</i>
Female-Headed Households	20
<i>Map 6: Female-headed households</i>	<i>21</i>
Household Income	22
<i>Map 7: Household income</i>	<i>23</i>
Renter vs. Owner Occupancy	24
<i>Map 8: Renter vs. owner occupied housing units.....</i>	<i>25</i>
Housing Vacancy Rate.....	26
<i>Map 9: Housing vacancy rates.....</i>	<i>27</i>
Contract Rent.....	28
<i>Map 10: Median contract rent.....</i>	<i>29</i>
Educational Attainment	30
<i>Map 11: Educational attainment</i>	<i>31</i>
Relatives as Caregivers	32
<i>Map 12: Grandparents as caregivers</i>	<i>33</i>
C. COMMUNITY HEALTH STATUS INDICATORS.....	35
Healthy People 2010.....	36
Physical Activity.....	38
<i>Table 1A: Percentage of students who exercised or participated in physical activities for at least 20 minutes that made them sweat and breathe hard on 3 or more of the past 7 days</i>	<i>38</i>

Chart 1A: Percentage of students who exercised for 20 minutes on 3+ of the last 7 days, by gender	39
Chart 1B: Percentage of students who exercised for 20 minutes on 3+ of the last 7 days, by age.....	39
Overweight and Obesity	40
Table 2A: Percentage of adults who are obese (by BMI*).....	40
Chart 2A: Percentage of California adults who are obese, by age	40
Table 2B: Percent of children ages 6 to 19 identified in CHDP exams to be over the 95 th percentile for weight-to-height in the “growth charts”	41
Chart 2B: Percentage of children ages 6 to 19 over the 95 th percentile for weight-to-height	41
Chart 2C: Percentage of children ages 6 to 19 over the 95 th percentile for weight-to-height, by age	41
Tobacco Use	42
Table 3A: Percent of adults who currently smoke: 1990-1999, by year	42
Chart 3A: Percent of adults who currently smoke in San Diego County, by age: 1990-1999.....	42
Table 3B: Percentage of students who smoked cigarettes on one or more of the past 30 days	43
Chart 3B: Percentage of students who smoked cigarettes on one or more of the past 30 days, by race/ethnicity	43
Substance Abuse	44
Table 4A: Percentage of adults who engaged in binge drinking one or more times during the past month	44
Chart 4A: Percentage of California adults who engaged in binge drinking during the past month.....	44
Table 4B: Percentage of students who had at least one drink of alcohol on one or more of the past 30 days.....	45
Chart 4B: Percentage of students who had at least one drink of alcohol on one or more of the past 30 days, by race/ethnicity.....	45
Table 4C: Percentage of students who used marijuana one or more times during the past 30 days	46
Chart 4C: Percentage of students who used marijuana one or more times during the past 30 days, by race/ethnicity	46
Responsible Sexual Behavior	47
Table 5A: Births to girls ages 15-17, San Diego County residence	47
Chart 5A: Births to girls ages 15-17, by region	47
Map 13: Births to females ages 15-17, by zip code area.....	48
Table 5B: Percentage of students who ever had sexual intercourse	49
Chart 5B: Births Percentage of students who ever had sexual intercourse, by age	49
Table 5C: Percentage of sexually active students who used or whose partner used a condom during last sexual intercourse.....	50
Mental Health	51

Table 6A: Percentage of adults who reported a need for some type of mental health care during the past 12 months	51
Chart 6A: Percentage of adults who reported a need for mental health care in the past 12 months, by gender	51
Table 6B: Mental disease and disorder related hospitalizations among San Diego County residents.....	52
Table 6C: Percentage of students who reported actually attempting suicide one or more times during the past 12 months.....	53
Chart 6B: Percentage of students who reported actually attempting suicide one or more times during the past 12 months, by gender	54
Chart 6C: Percentage of students who reported actually attempting suicide one or more times during the past 12 months, by race/ethnicity.....	54
Injury and Violence	55
Table 7A: Unintentional injury deaths among San Diego County residents	55
Chart 7A: Unintentional injury deaths, by region	56
Table 7B: Rate of domestic violence cases	57
Chart 7B: Rate of domestic violence cases, by region	57
Table 7C: Suicide deaths among San Diego County residents.....	58
Chart 7C: Suicide deaths in San Diego County, by race/ethnicity.	59
Chart 7D: Suicide deaths in San Diego County, by region.....	59
Table 7D: Leading unintentional injury deaths among San Diego County residents, by age	60
Map 14: Motor vehicle occupant injuries, by sub-regional area.....	61
Environmental Quality	62
Map 8A & Chart 8A: Air quality	62
8B: Beach and bay water quality	63
Immunization	64
Table 9A: Countrywide coverage: children, adolescents, adults, seniors	64
Table 9B: Immunization coverage by ethnicity/race: children.....	64
Access to Health Care	65
Table 10A: Percentages of adults who have health insurance coverage	65
Chart 10A: Percentage of adults who have health insurance coverage, by age.....	65
Chart 10B: Percentage of adults who have health insurance coverage, by race/ethnicity.....	65
Table 10B: Percentages of adults who have dental insurance.....	66
Chart 10C: Percentages of adults who have dental insurance, by age	66
Table 10C: Percentages of households with children age 0-18 with medical insurance coverage.....	67
Chart 10D: Percentages of households with children age 0-18 with medical insurance coverage, by race/ethnicity.....	67

<i>Chart 10E: Percentages of households with children age 0-18 with medical insurance coverage, by region.....</i>	<i>67</i>
<i>Table 10D: Percentages of households with children age 0-18 with dental insurance coverage</i>	<i>68</i>
<i>Chart 10F: Percentages of households with children age 0-18 with dental insurance coverage, by race/ethnicity.....</i>	<i>68</i>
<i>Chart 10G: Percentages of households with children age 0-18 with dental insurance coverage, by region</i>	<i>68</i>
Reportable Diseases and Conditions.....	69
<i>Table 11: AIDS in San Diego County.....</i>	<i>69</i>
<i>Chart 11A: AIDS in San Diego County, by race/ethnicity</i>	<i>70</i>
<i>Chart 11B: AIDS in San Diego County, by region at time of diagnosis</i>	<i>70</i>
<i>Table 12: Asthma-related hospitalizations among San Diego County residents</i>	<i>71</i>
<i>Chart 12: Asthma-related hospitalizations among San Diego County residents, by region</i>	<i>72</i>
<i>Table 13: Diabetes-related hospitalizations among San Diego County residents</i>	<i>73</i>
<i>Chart 13: Diabetes-related hospitalizations among San Diego County residents, by region</i>	<i>74</i>
<i>Table 14: Reported childhood lead poisoning cases in San Diego County</i>	<i>75</i>
<i>Chart 14: Reported childhood lead poisoning cases in San Diego County, by region</i>	<i>75</i>
D. TECHNICAL NOTES FOR COMMUNITY HEALTH STATUS INDICATORS.....	76
E. HEALTH AND HUMAN SERVICES AGENCY DATA CONTACTS.....	82
F. APPENDIX.....	85

ACKNOWLEDGEMENTS

County of San Diego Health and Human Services Agency staff was a major contributor to this project.

- Public Health Services provided support and leadership for the project, headed by Carmel Angelo, Assistant Deputy Director.
- Health status information for the atlas was provided by the Division of Community Epidemiology. Special thanks are due to Kim Poggemeyer and Michael Bursaw for their involvement in this project.
- The maps in this atlas were created by David Lindsay, GIS Analyst, Health and Human Services Agency.
- Adrienne Yancey, Jayne Reinhardt, Bruce Even and Mona Thabit of Chronic Disease & Injury Prevention and Health Promotion and Paul Olsen of Medical Health Quality Assurance also contributed to the project's editing and/or graphic design.

The Community Health Atlas project was initially conceived and compiled by Thomas Herman, PhD. while serving as a consultant to the Partnership for the Public's Health Initiative in San Diego County.

INTRODUCTION

This atlas is intended to serve as a tool for community-focused and participatory public health planning. It is one result of the Partnership for the Public's Health (PPH) Initiative, comprised of three community groups (Linda Vista Collaborative, Mid City Community Advocacy Network, and South Bay Partnership) and the County of San Diego Health and Human Services Agency (HHSA). These groups and the County HHSA have partnered to increase resident participation in public health planning and engineer appropriate strategies to address public health issues at the community level. The Partnership for the Public's Health is a statewide project of the California Endowment and the Public Health Institute through which the three local partnerships were funded for the period of October 2000 through September 2004.

There are actually three separate atlases – each focusing on the communities served by a particular partnership. In addition to this *Community Health Atlas for Linda Vista*, there is also a *Community Health Atlas for Mid-City San Diego* and a *Community Health Atlas for the South Bay Region*. Each atlas contains a large amount of information about the population characteristics (Section B) and health status (Section C) of local residents. But the atlas itself is intended to be a living document that, over time, will come to reflect the interests of users. For that reason, an Appendix has been created. As atlas users obtain information that they find useful for community assessment and planning, they are encouraged to compile it in the atlas. That information may come from community sources or the literature in a particular field. Users can also use contacts provided in the atlas to request public health data held by the County.

A BRIEF PRIMER IN MAP READING

Many readers of this atlas may have limited experience reading maps beyond using them for basic navigation. A basic map communicates location, but most of the maps in this atlas also relate information about a specific theme, such as population density, household income, or births to teen mothers. Mapping is used to communicate the information because the visual representation of data are typically easier to understand than tables and narrative description. However, map readers are cautioned that some basic guidelines must be followed in order to make sure that mapped data are appropriately understood and effectively interpreted.

- **Know what is being mapped.** Before looking at the geographic patterns on the map, take time to read the title, legend, and any accompanying text. This should provide you with a precise description of the data being mapped – including information such as the source, year, basis for aggregation, and specific definition of the variable.

- **Understand the role of scale in generalizing the data.** Maps usually associate a value with an area (an average rate, for example), but that value will not be the same for smaller areas within that area. It is only relevant to the mapping unit being used. For example, a national map of median household income shows the average value for the state of California to be \$45,000. Of course, median household income will vary from place to place, so that value will not help you to describe or compare household incomes in San Diego and Imperial Counties. To do that you would need to map median household income *by county*. But remember that the median household income value for San Diego County will mask differences between La Jolla and Logan Heights. So all scales involve some degree of generalization, and the map reader needs to remain aware of the limitations of that representation.
- **Don't mistake correlation with causation.** The reader is encouraged to use maps as a tool for initial investigation and to become familiar with general patterns of various types of data. It is dangerous, however, to draw too many conclusions from what you see. Looking at two thematic maps together *can* help you to understand how two phenomena relate to each other within the area mapped. The mere correlation of two phenomena, however, *cannot* be used to establish a causal relationship. Such relationships must be established through carefully designed experiments and statistical analyses.

DISCLAIMER

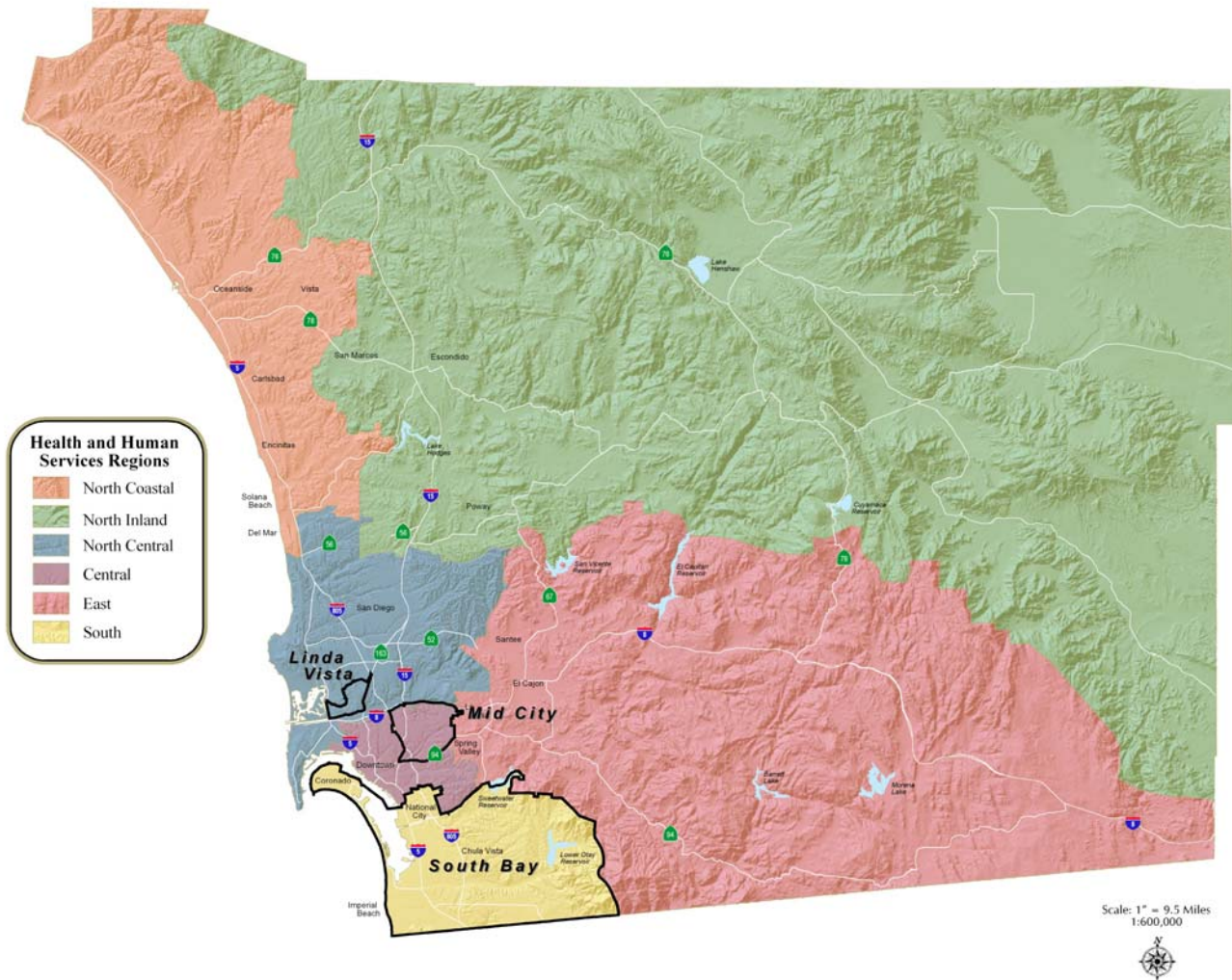
Every effort has been made to include complete and accurate data as provided by various data sources as of the date of publication. However, while the intent is for this atlas to serve as a useful tool for planning, neither the County of San Diego nor its community partners can assume any responsibility for the accuracy of the data included in this document or for the interpretations that may be made by users of this document.

SECTION A

ORIENTATION

County Overview

The map below shows the service areas of the Linda Vista, Mid-City, and South Bay Partnership for the Public's Health Initiatives. The areas served by the three partnerships are outlined in black, while the six regions established by the County Health and Human Services Agency are shown in different colors. The remainder of the maps in this section of the atlas will focus specifically on the Linda Vista area.

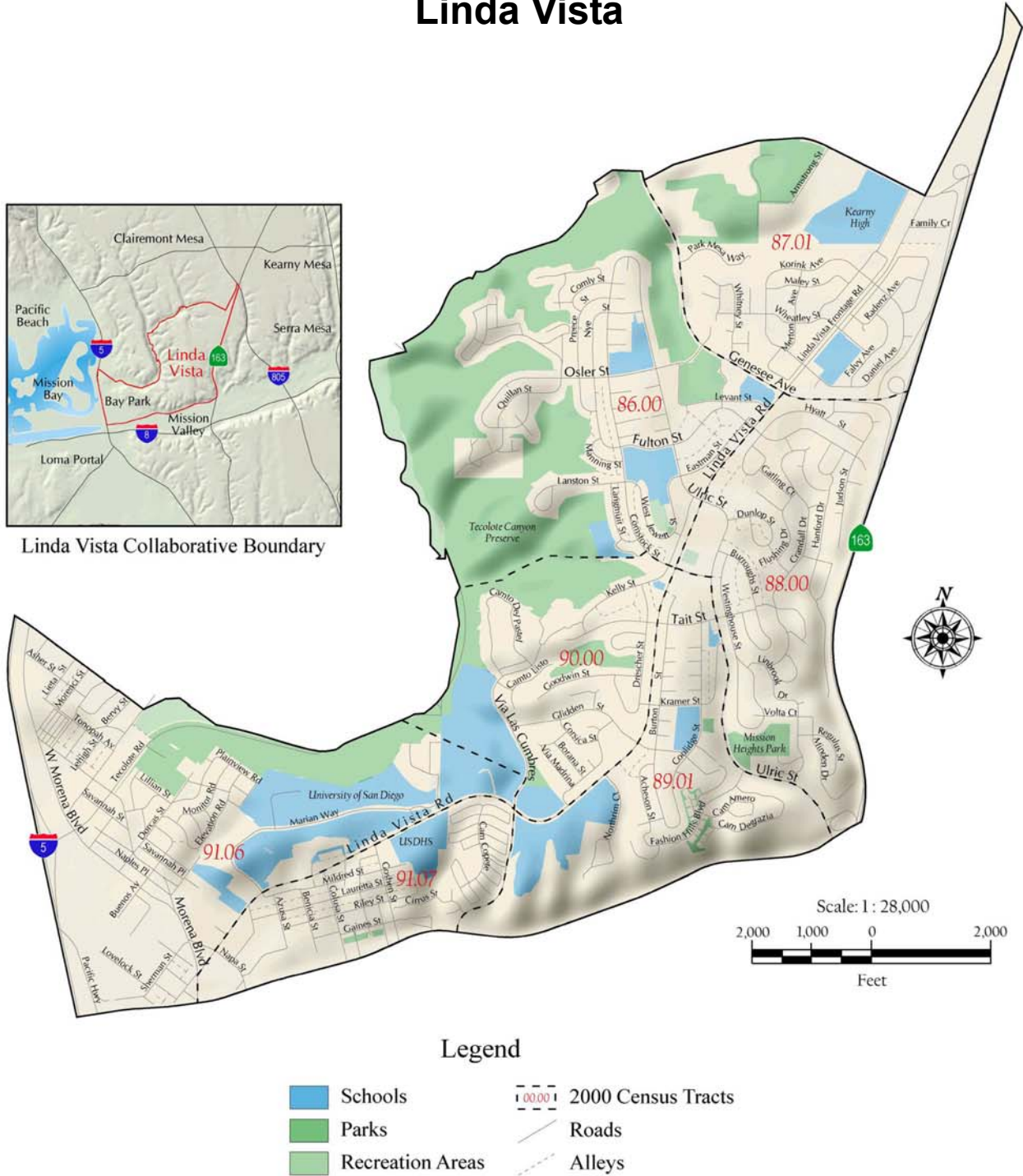


Base Map

The map on page 7 (Map 1) shows the entire Linda Vista area as defined by the Linda Vista Collaborative. This area is bound by Highway 163 on the east, Friars Road on the south, Interstate 5 on the west, the open space of Tecolote Canyon Preserve on the northwest, and Mesa College Drive on the far north.

The map displays the boundaries and numbers of the 7 census tracts in the Linda Vista area. This information can be very useful as a reference when viewing other maps in the atlas or to guide atlas users in accessing further information from the U.S. Census Bureau. Census data at the tract level can be obtained online at www.census.gov.

Map 1: Base Map of Area Included in Atlas: Linda Vista



Source: SanGIS, 2001



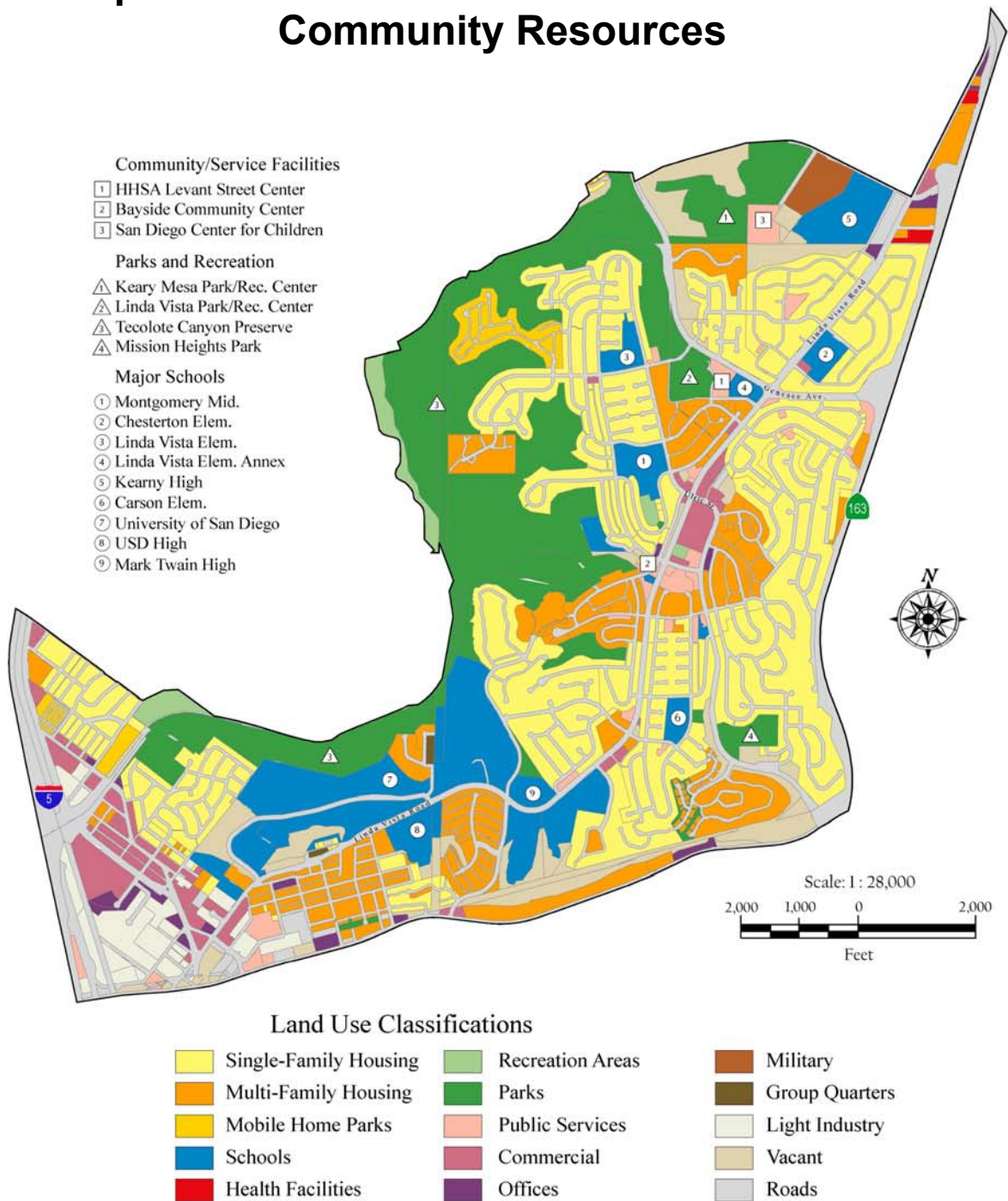
This map is provided without warranty of any kind. The user assumes all liability for any and all uses of this map. The user agrees to hold SanGIS harmless from any and all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising from any use of this map. The user agrees to indemnify and hold SanGIS harmless from any and all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising from any use of this map. The user agrees to hold SanGIS harmless from any and all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising from any use of this map.



General Land Use Classification and Community Resources

The map on page 9 (Map 2) classifies all of the land in Linda Vista by its primary land use. Residential uses predominate in the area, with areas of apartments, single-family homes, and mobile home parks appearing in shades of yellow and orange. Parks and open space are shown in green, with Tecolote Canyon Preserve representing the most significant area of open space in Linda Vista. Commercial and light industrial uses are primarily concentrated in the southwestern corner of the area, near the intersection of Linda Vista Road and Morena Boulevard. The University of San Diego campus is shown in blue, as are other local schools. Community resources of interest are labeled.

Map 2: General Land Use Classifications and Community Resources



Source: SanGIS, SANDAG, 2001



SECTION B

COMMUNITY DESCRIPTION

This section of the atlas includes maps depicting demographic, economic, and social information relevant to the community of Linda Vista. All of the data presented in this section is from the 2000 United States Census, but the maps have been produced by Geographic Information System (GIS) analysts working for the County of San Diego’s HHSA. Only a small selection of the hundreds of variables included in census questionnaires have been included in the atlas, but readers are encouraged to become familiar with the types of information available through the U.S. Census at its website, www.census.gov.

The issue of scale is important to understand in reading these maps. Most of the maps in this section are based on census tracts, which are geographic areas established by the Census Bureau. Census data is collected at the household level and then reported at a range of geographic scales. The smallest geographic unit is a “block,” and then data are aggregated into larger and larger units (first into “block groups,” then “census tracts”) until you get to the level of a county, state, or the nation. Data for the full range of geographic scales, as well as other commonly referenced areas, such as zip code tabulation areas or urban areas is available at the U.S. Census web site. Smaller units of aggregation can be helpful for examining variations within a small area, but can make it difficult to understand patterns throughout a larger region. Larger geographic units reduce the significance of local variation but make comparisons across large areas more meaningful.

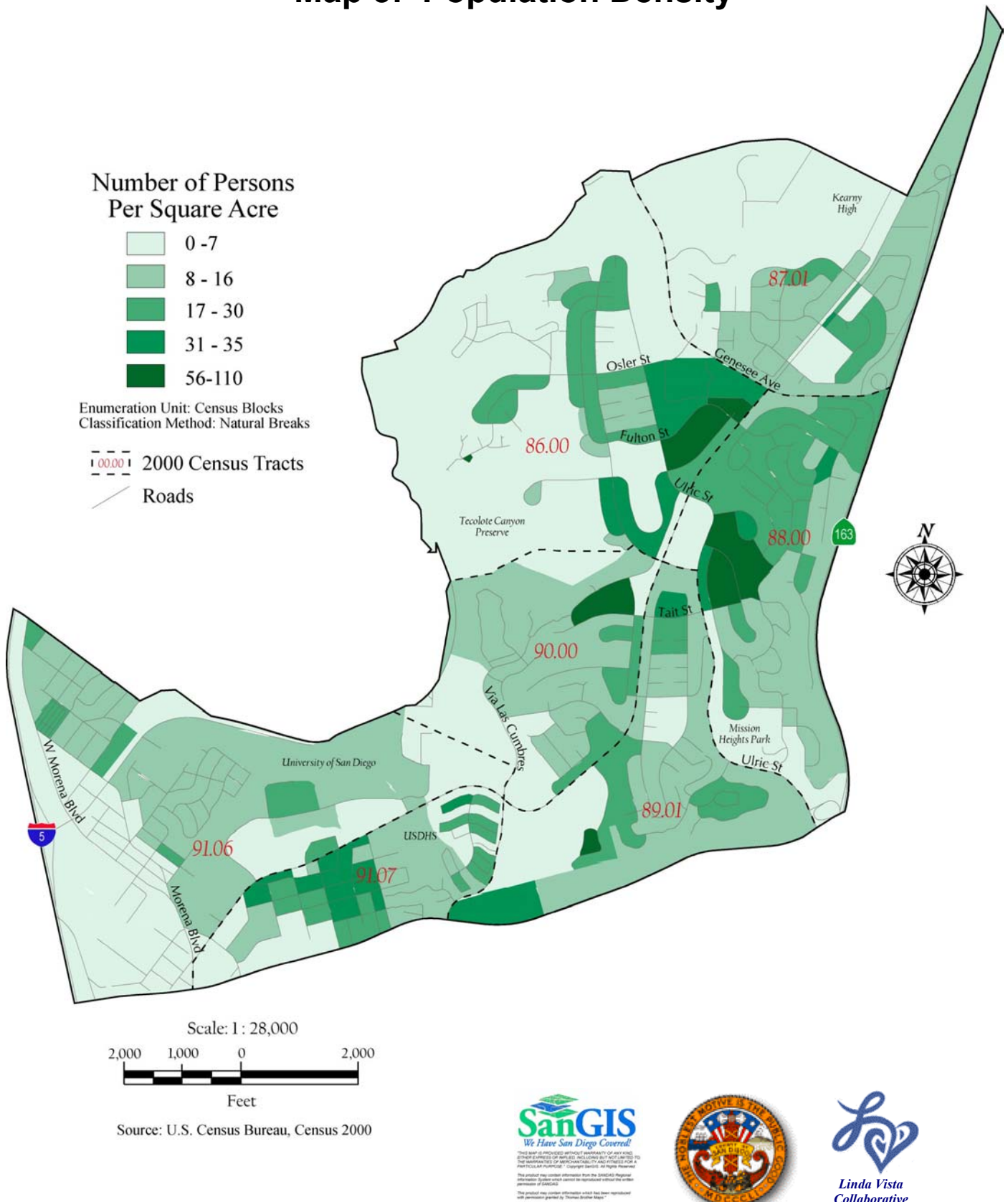
Population Density

Population density is measured in persons per square acre. The population of each census tract is determined from the decennial census, and then this population is divided by the area of the census tract. Therefore, population density values generalize the situation within each census tract, which may actually contain very high and very low density blocks.

Within the Linda Vista area there is great variation in population density. This map uses the Census block, which is significantly smaller than a census tract, as its mapping unit to show how the density of the area can change across very short distances. The population density for the entire City of San Diego is approximately 5.6 persons per square acre. Many of the census blocks in Linda Vista are between three and twenty times more densely populated than that. Open space and commercial land uses mean lower population density in other areas, however, so that the overall population density for the Linda Vista area is approximately 11.5 persons per square acre.

Relationships can be seen between the pattern of population density depicted in Map 3 and the patterns of land use (Map 2) and household income (Map 7).

Map 3: Population Density



Population Structure

The age and gender of residents are the variables typically used to describe the structure of the population. The figure on page 15 is a population pyramid, and it breaks down the population of Linda Vista into gender-specific age categories. The population pyramid helps us to see that the population of this area is relatively young, with 20-24 year olds making up the single largest age group.

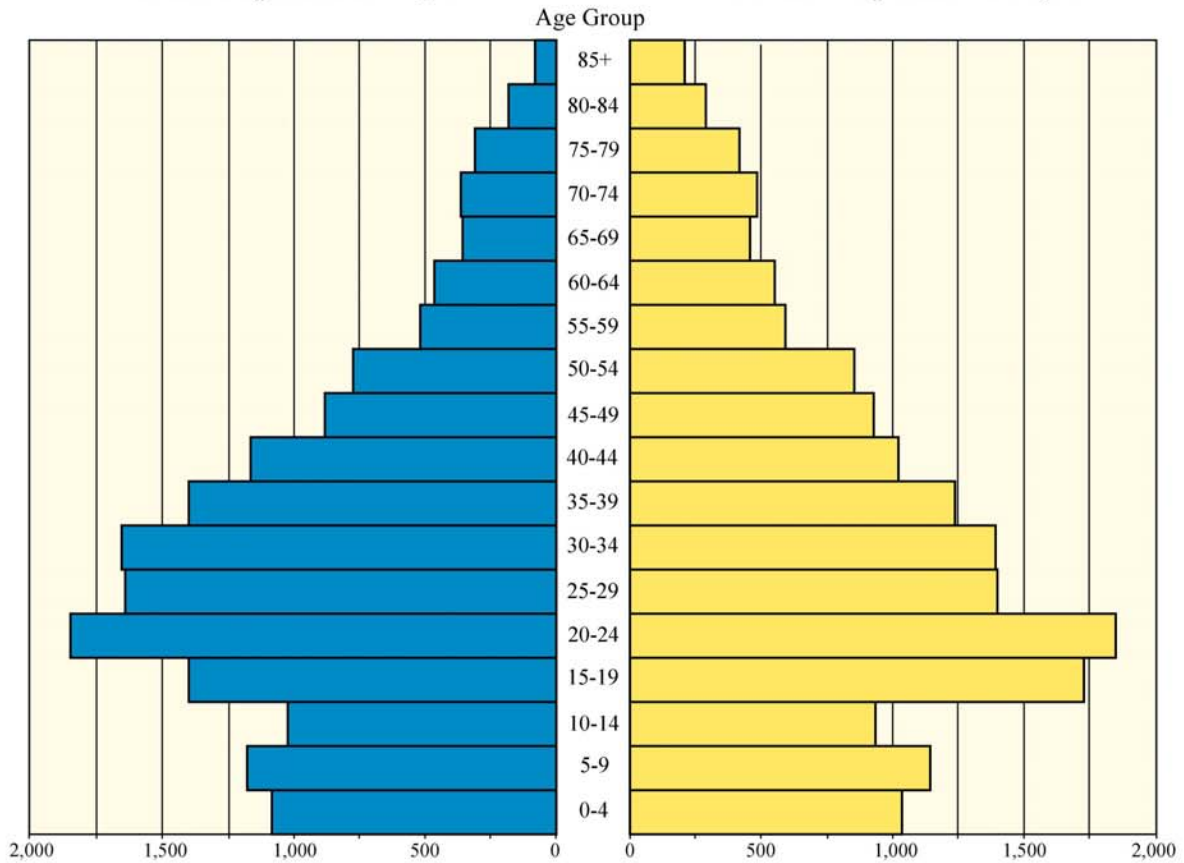
The gender-ratio, or number of males as compared to females changes according to age. There are more males under the age of 15 than there are females of that age, but among persons 45 years and older, there are a larger number of females in every age category.

Chart 1: Population Pyramid

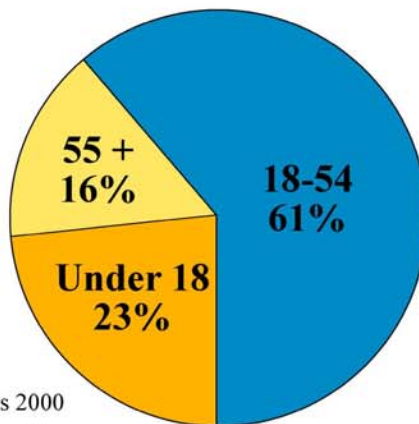
Total Population: 32,817

Male Population: 16,299

Female Population: 16,518



Age Distribution



Source: U.S. Census Bureau, Census 2000



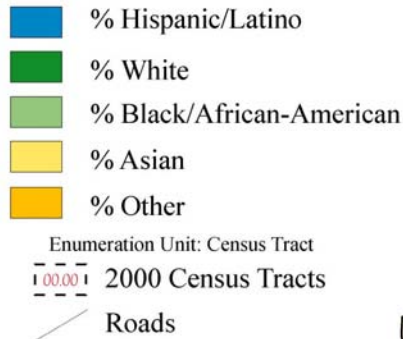
Ethnicity

The concept of race, as used by the U.S. Census Bureau, reflects self-identification by people according to the race or races with which they most closely identify. The categories are socio-political constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups. The racial classifications used by the Census Bureau adhere to guidelines issued by the Office of Management and Budget (OMB). The standards govern the categories used to collect and present federal data on race and ethnicity. The OMB requires five minimum categories (White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) for race. A sixth category of “some other race” and allowing individuals the option of selecting one or more races, were added to Census questionnaires with OMB approval. A separate question for individuals who describe themselves as Hispanic or Latino also appeared. Individuals who identify their origin as Spanish, Hispanic, or Latino may be of any race.

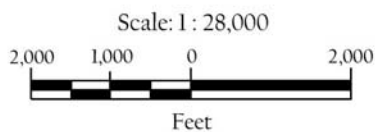
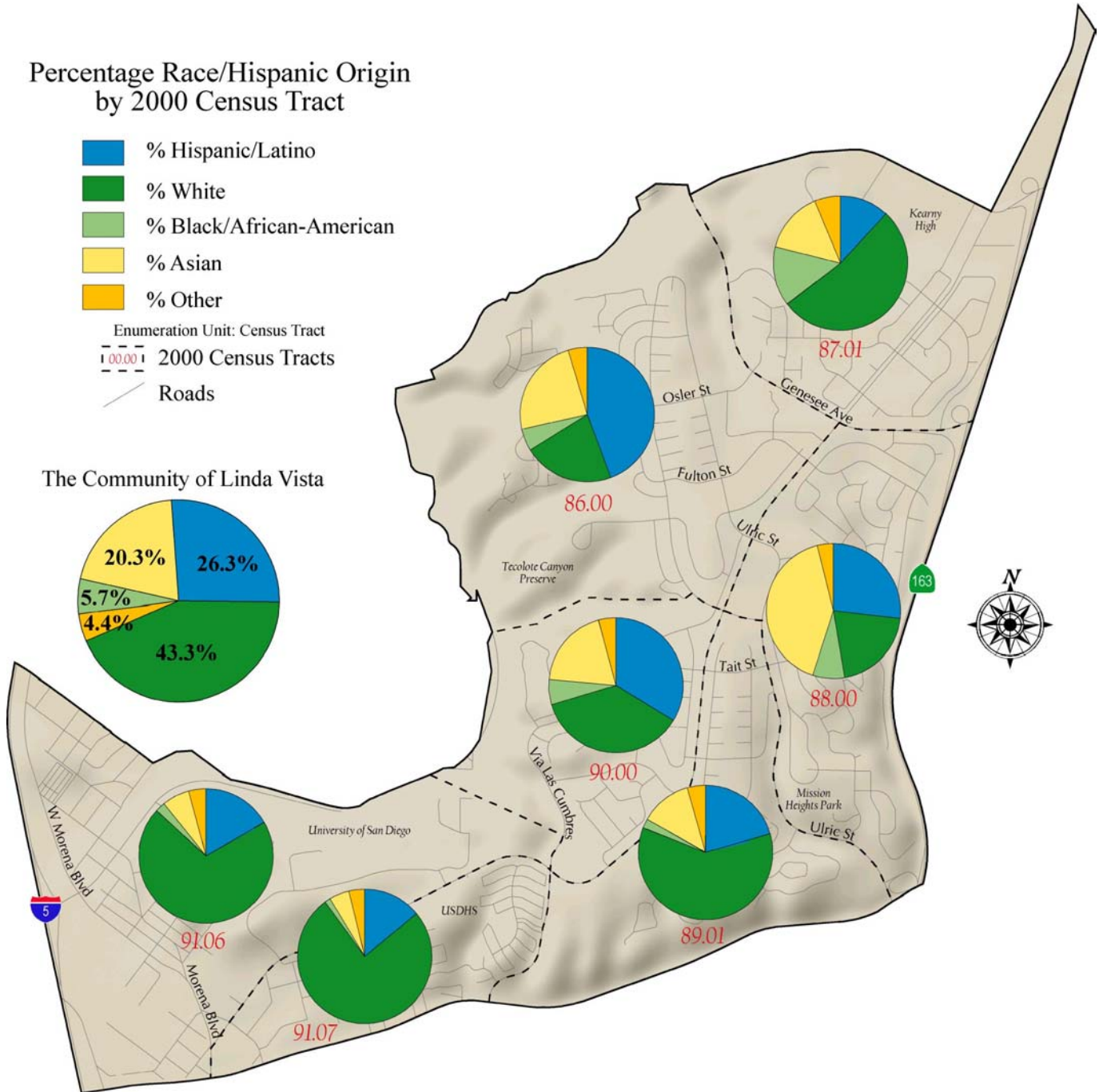
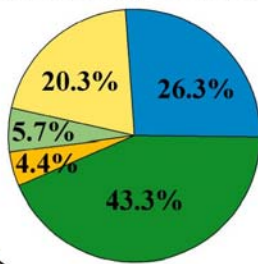
In Linda Vista, the ethnic make-up of the population varies significantly, but diversity is always present. Map 4 makes it possible to see where concentrations of each ethnic group exist.

Map 4: Ethnicity Percentages

Percentage Race/Hispanic Origin
by 2000 Census Tract



The Community of Linda Vista



Source: SANDAG, Census 2000



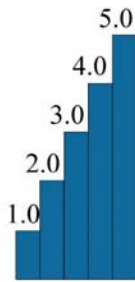
Household Size

A household includes all of the people who occupy a housing unit. A housing unit may be a home, an apartment, a mobile home, a group of rooms, or a single room occupied as separate living quarters. Average household size for a census tract or other geographic area is calculated by dividing the number of people in households by the total number of households.

On Map 5, average household size is shown for the total population of each census tract as well as for each ethnic group within that census tract. There is a marked difference in average household size between the areas near the University of San Diego, toward the southwest, and those in the northeastern portion of Linda Vista.

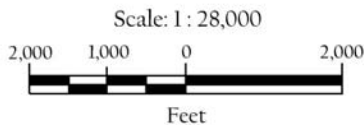
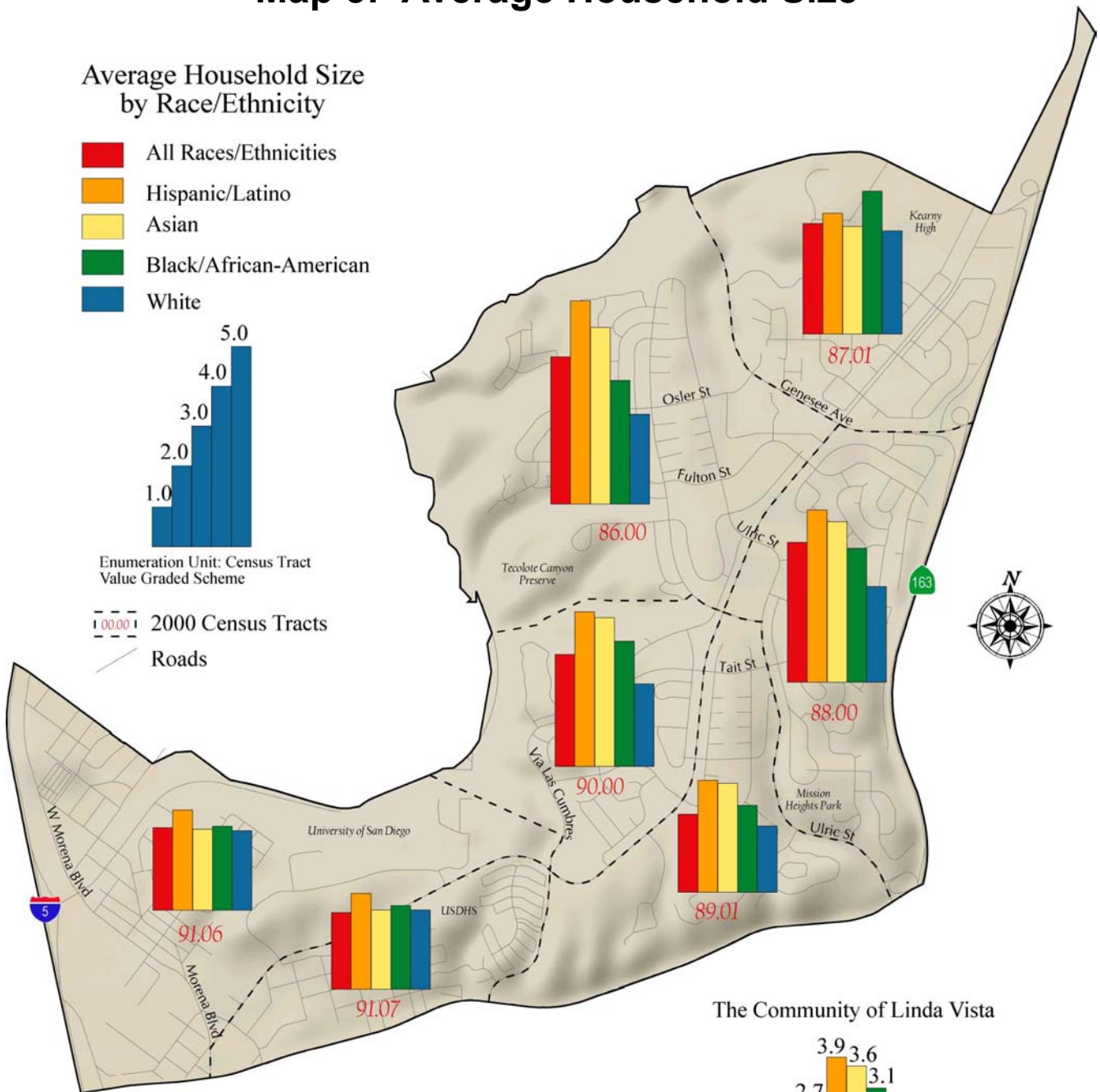
Map 5: Average Household Size

Average Household Size by Race/Ethnicity



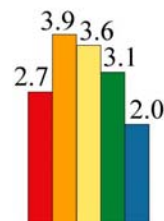
Enumeration Unit: Census Tract Value Graded Scheme

2000 Census Tracts
— Roads



Source: U.S. Census Bureau, Census 2000

The Community of Linda Vista



Female-Headed Households

A household includes all of the people who occupy a housing unit. A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room occupied as separate living quarters. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living quarters. A family, on the other hand, includes a householder and one or more other people who are living in the same household who are related to the householder by birth, marriage, or adoption.

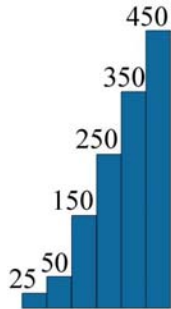
A female-headed household may describe a woman living alone or a family in which a female is maintaining the household with no husband present.

Map 6 separates out female-headed households in which children under the age of 18 are present. In Linda Vista, this is the case in a minority of female-headed households.

Map 6: Female-Headed Households

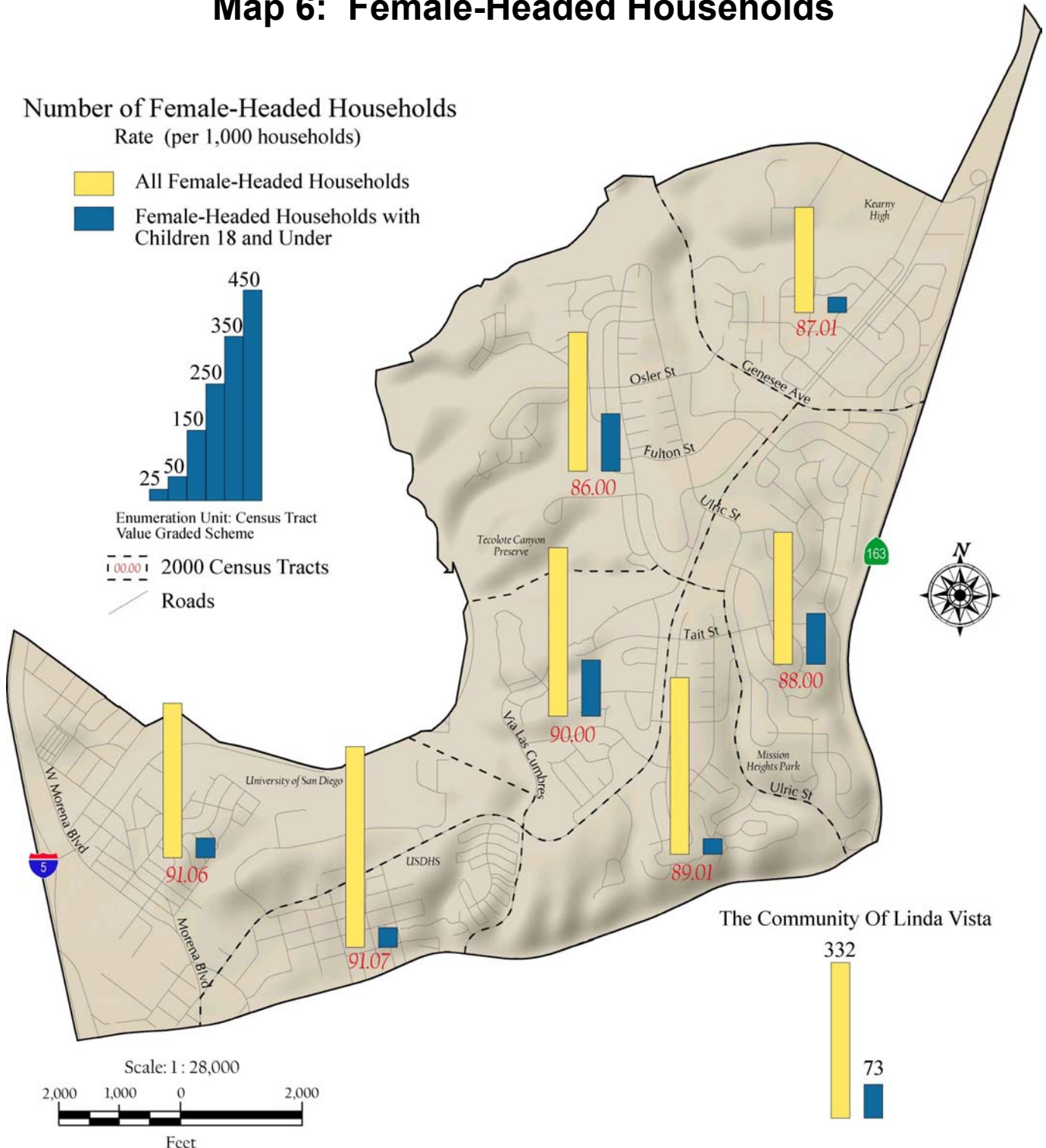
Number of Female-Headed Households
Rate (per 1,000 households)

- All Female-Headed Households
- Female-Headed Households with Children 18 and Under



Enumeration Unit: Census Tract
Value Graded Scheme

- 2000 Census Tracts
- Roads



Scale: 1 : 28,000
2,000 1,000 0 2,000
Feet

Source: U.S. Census Bureau, Census 2000

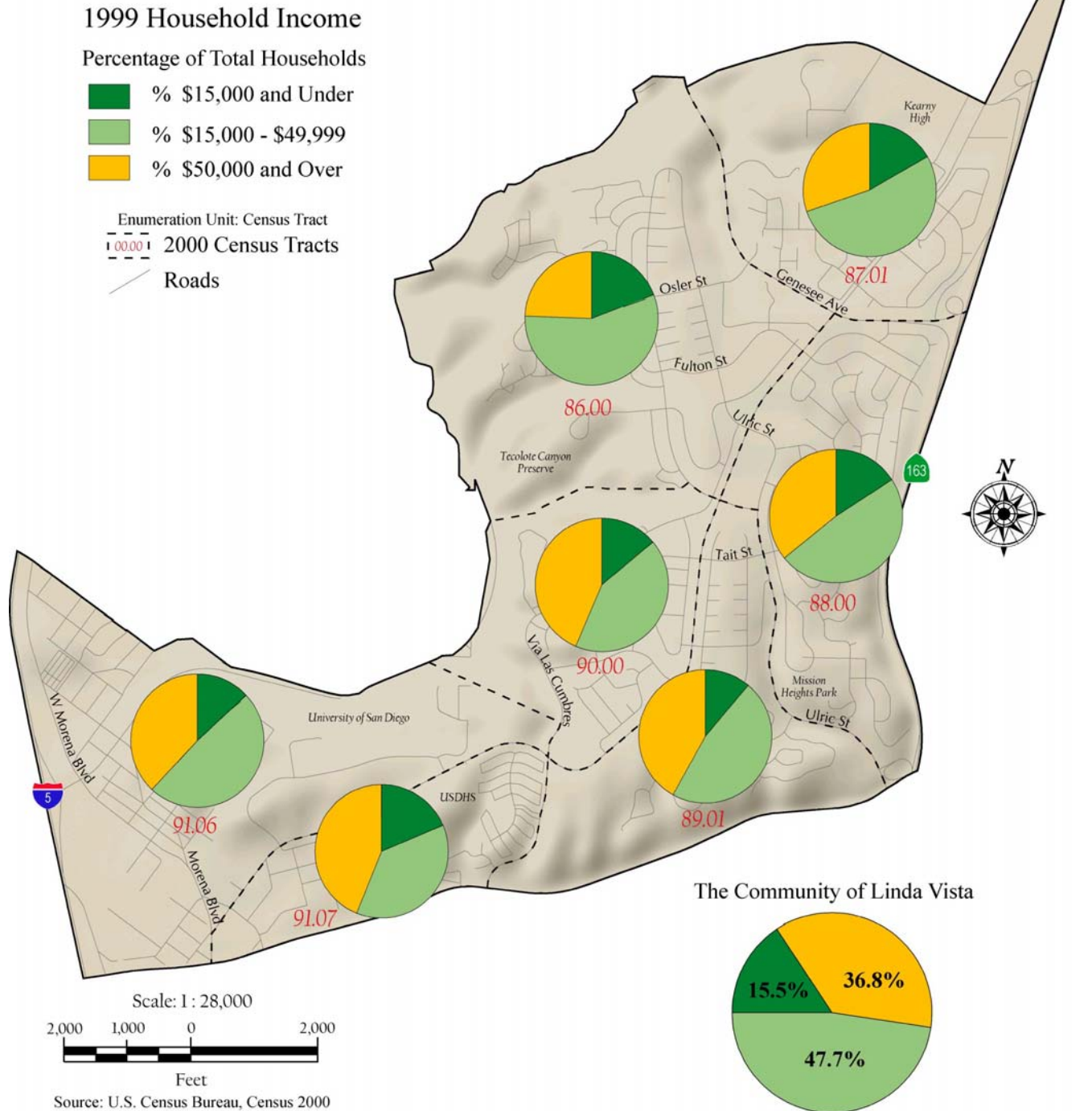


Household Income

Household income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Income can include one or more of the following: wage or salary income; net self-employment income; interest, dividends or net rental or royalty income or income from estates and trusts; social security or railroad retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor or disability pensions; and all other income. The median household income for San Diego County is \$47,268 (income data reported in the 2000 Census is based on 1999 income).

Map 7 places all of the households of Linda Vista into three broad categories. The map shows that less than half of the households in all areas of Linda Vista had annual incomes of less than \$50,000 in 1999. Looking at household income in conjunction with household size (Map 5) helps to give a clearer picture of the economic status of residents.

Map 7: Household Income

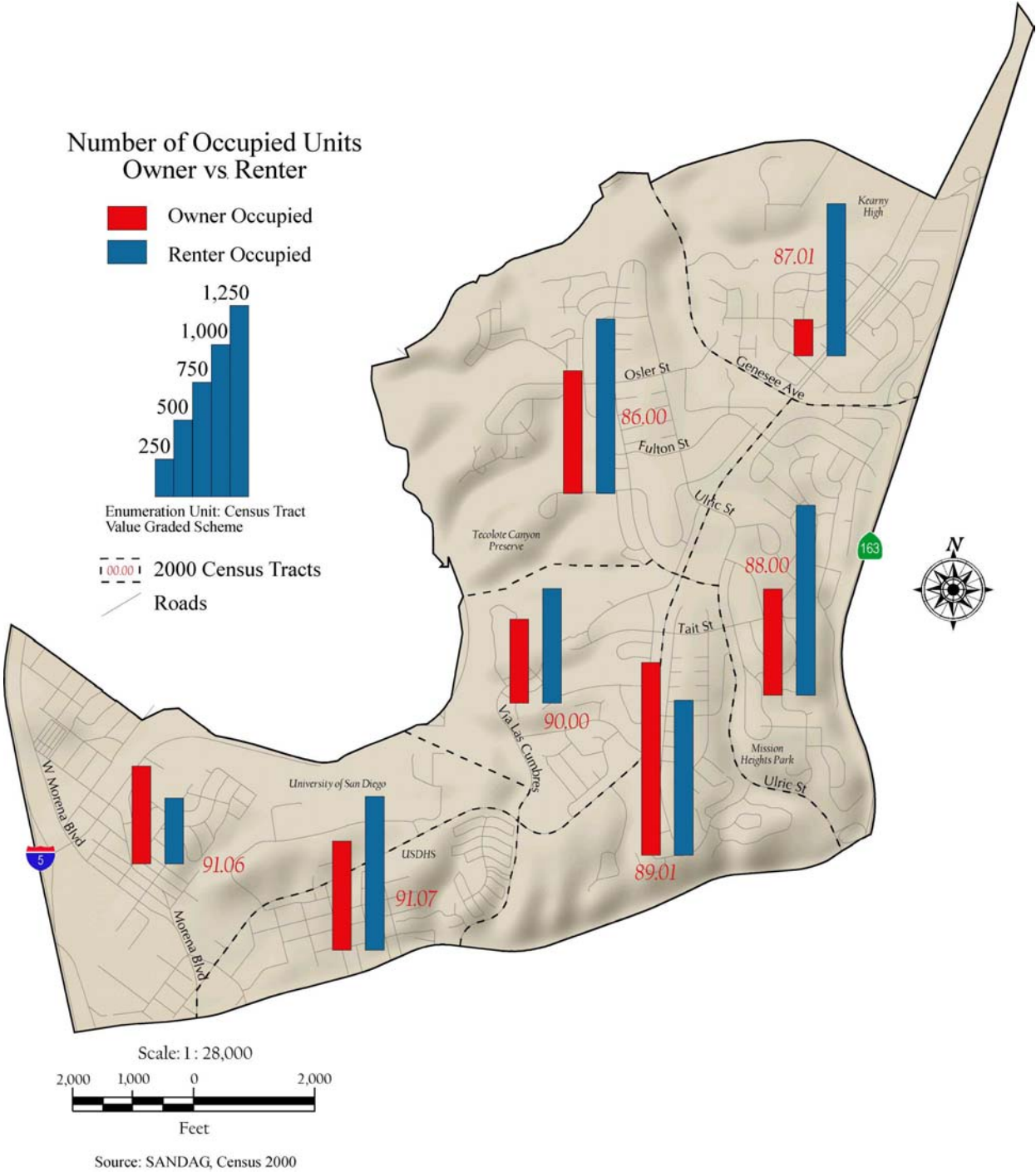


Renter vs. Owner Occupancy

A housing unit is owner occupied if the owner or co-owner lives in the unit even if it is mortgaged or not fully paid for. All occupied housing units that are not owner occupied and are rented for cash rent or occupied without payment of cash rent, are classified as renter occupied. Housing units on military bases are also classified in the “no cash rent” category.

Map 8 provides information about the total number of housing units in each census tract and the ratio of renter- to owner-occupied units. The larger the bars in each tract, the more units there are. In the area as a whole, rental units and owner-occupied units are fairly equally distributed. Renter-occupied units represent the clear majority of occupied housing units in the northeastern portion of the mapped area.

Map 8: Renter vs. Owner Occupied Housing Units

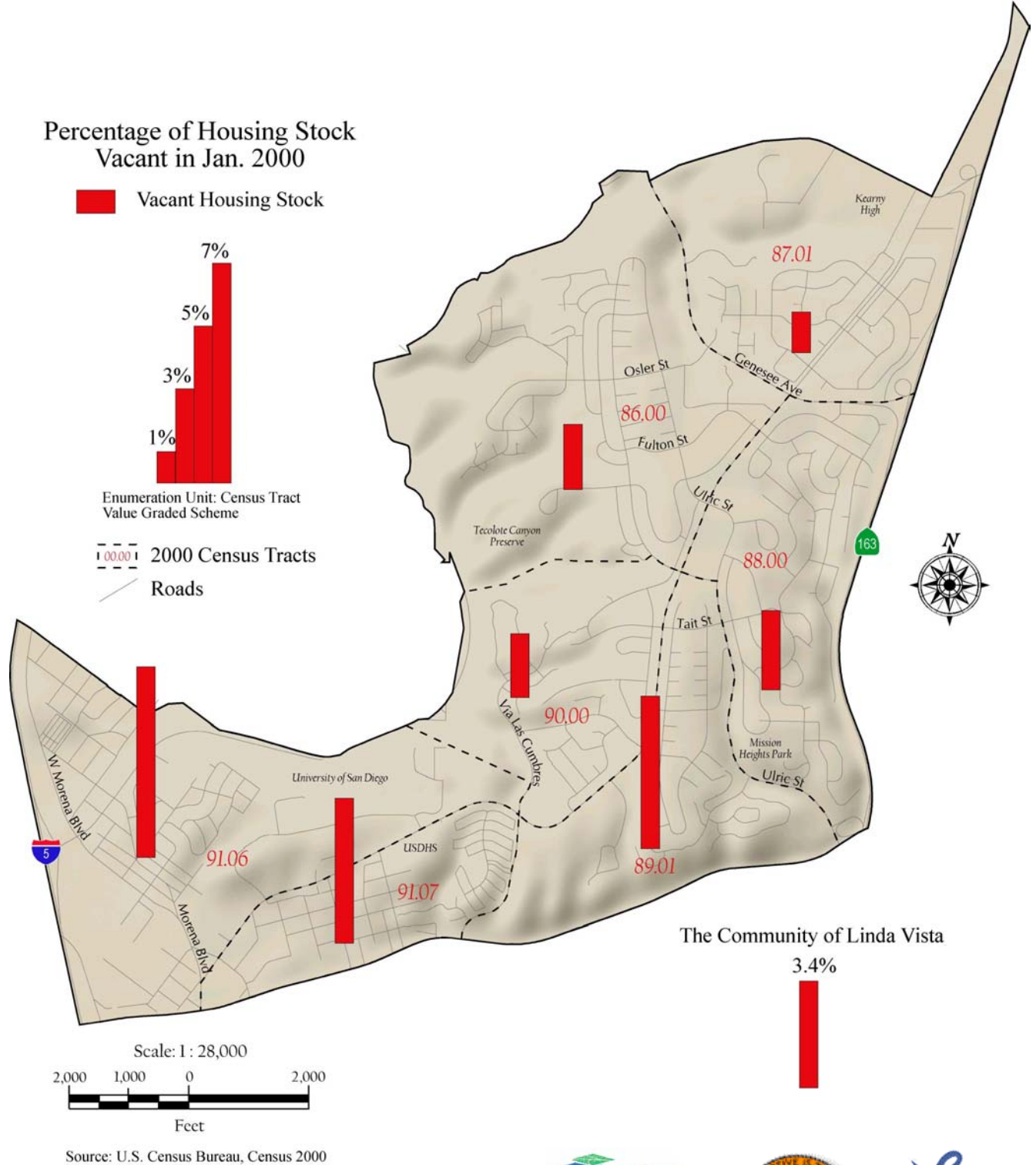


Housing Vacancy Rate

A housing unit is a home, an apartment, a mobile home, a group of rooms, or a single room occupied as separate living quarters. Vacancy status and other characteristics of vacant units are gathered by obtaining information from landlords, owners, neighbors, rental agents, and others. Vacancy is determined if no one is living in the unit *at the time of Census enumeration (i.e., data collection)*, unless the occupants are only temporarily absent. Partially constructed housing units and those already condemned or identified for demolition are not counted in the housing stock of the area and therefore do not affect vacancy rates.

Housing vacancy rates have been the focus of much attention in San Diego as housing has become more difficult to find and housing costs have skyrocketed. According to the 2000 Census, housing vacancy rates in Linda Vista range from just above 1% to approximately 7%.

Map 9: Housing Vacancy Rates



This map is a derivative product of the data provided by the City of San Diego. The City of San Diego is not responsible for the accuracy or completeness of the data provided. The City of San Diego is not responsible for the accuracy or completeness of the data provided. The City of San Diego is not responsible for the accuracy or completeness of the data provided.



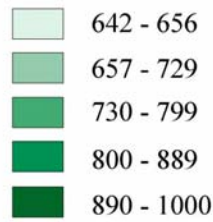
Contract Rent

Contract rent, also referred to as “rent asked” for vacant units, is the monthly rent agreed to or contracted for, regardless of any furnishings, utilities, fees, meals, or services that may be included. Therefore, a variety of charges may be included in the contract rent figure. For vacant units, it is the monthly rent asked for the rental unit at the time of interview.

Map 10 classifies areas of Linda Vista according to the median contract rent for each geographic area. The median value is not the average, but the value that divides all observations (in this case rental housing units) into an upper and a lower half. Therefore, half of the rental housing units in an area have a contract rent that is less than or equal to the median value, and the other half have a contract rent that is greater.

Map 10: Median Contract Rent

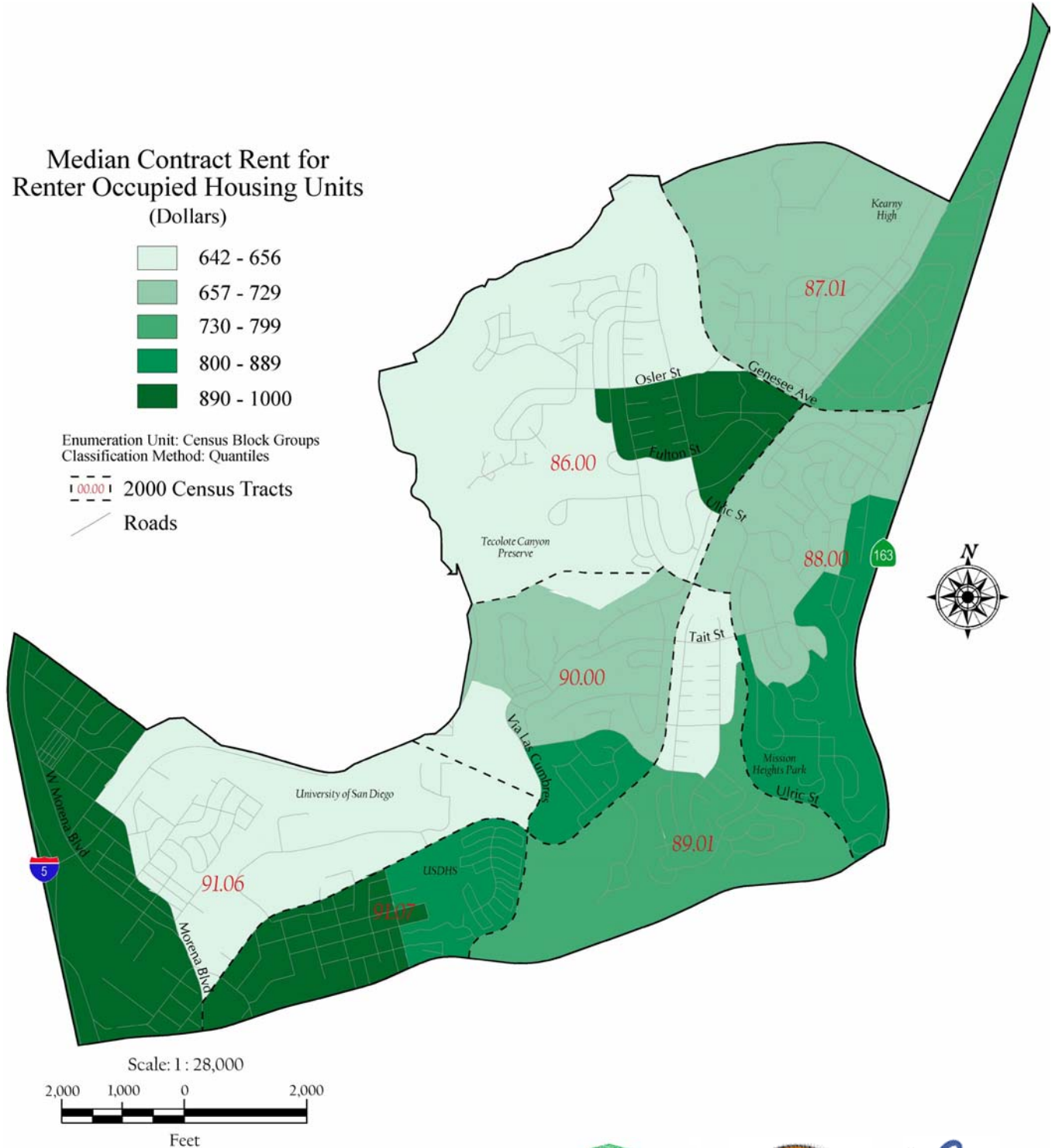
Median Contract Rent for
Renter Occupied Housing Units
(Dollars)



Enumeration Unit: Census Block Groups
Classification Method: Quantiles

2000 Census Tracts

Roads



Source: U.S. Census Bureau, Census 2000

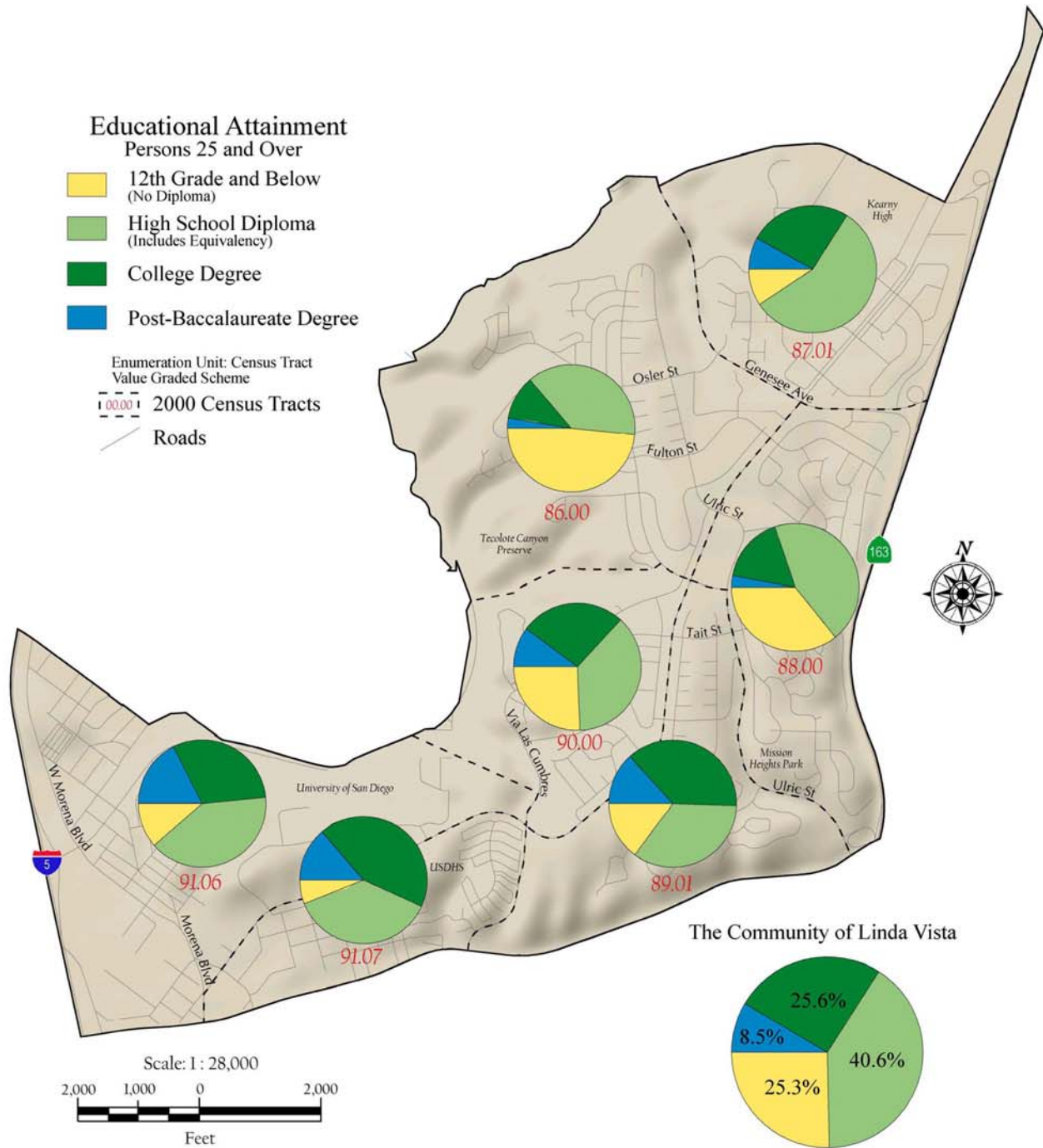


Educational Attainment

Educational attainment refers to the highest level of education completed in terms of the highest degree or the highest level of schooling completed. Data on educational attainment is generally calculated for the population 25 years old and over. The categories used on Map 11 are somewhat simplified from those used in the Census questionnaire.

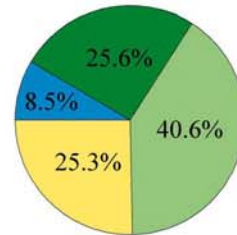
The percent of residents with a college degree is highest in the southern and western portions of Linda Vista, where the University of San Diego has substantial influence.

Map 11: Educational Attainment



Source: U.S. Census Bureau, Census 2000

The Community of Linda Vista

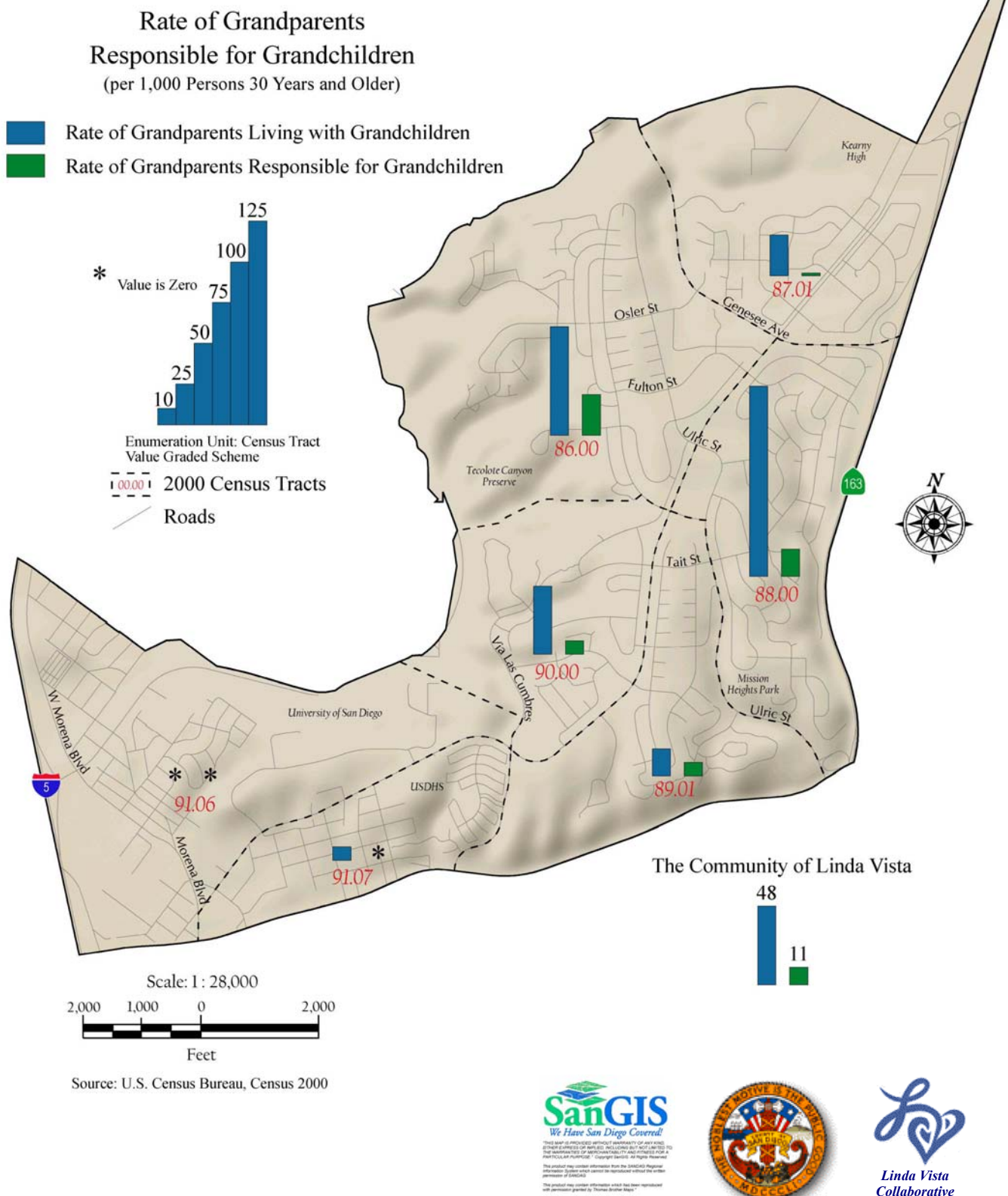


Relatives as Caregivers

Families are diverse in both their composition and size. In some families, a non-parental adult (relative) cares for dependent children. The most common family member to provide such care is a grandparent. A grandparent is defined as a caregiver when they assume full care of their grandchildren on a temporary or permanent live-in basis. Their own grandchild must live in the household, and the grandparent must be financially responsible for any or all of the grandchildren's basic needs including food, shelter, clothing, day care, etc. Because of the very low number of individuals under 30 years old who are grandparents, the data represents individuals 30 years old and over.

Map 12 provides information about family households in which grandparents are present, both as caretakers and as non-caretakers. Cultural norms for multi-generational living and poverty are two factors likely to be affecting the status of grandparents in the Linda Vista area.

Map 12: Grandparents as Caregivers



SECTION C

COMMUNITY HEALTH STATUS INDICATORS

This section of the atlas compiles information on community health. First, data are presented in relation to the leading health indicators established by the federal government in its Healthy People 2010 report. After that, additional statistics provide information about the distribution of reportable diseases and conditions and other important public health issues not reflected in the 10 leading indicators. Much of the information for this section of the atlas was prepared by staff of the Division of Community Epidemiology, County of San Diego HHSA. There are also several maps that have been produced by GIS analysts that work within the HHSA regions involved in PPH.

Healthy People 2010: A national agenda for prevention and public health[†]

What Is Healthy People 2010?

Healthy People 2010 is a set of health objectives for the Nation to achieve over the first decade of the new century. These objectives can be used by many different people, states, communities, professional organizations, and others to help develop programs to improve health.

Healthy People 2010 builds on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* both established national health objectives and served as the basis for the development of state and community plans. Like its predecessors, Healthy People 2010 was developed through a broad consultation process, built on the best scientific knowledge, and designed to measure programs over time.

What Are Its Goals?

Healthy People 2010 is designed to achieve two overarching goals:

- **Goal 1: Increase Quality and Years of Healthy Life**

The first goal of Healthy People 2010 is to help individuals of all ages increase life expectancy *and* improve their quality of life.

- **Goal 2: Eliminate Health Disparities**

The second goal of Healthy People 2010 is to eliminate health disparities among different segments of the population.

What Are the Leading Health Indicators (LHI)?

The Leading Health Indicators will be used to measure the health of the U.S. over the next 10 years. Each of the 10 LHI's has one or more objectives from Healthy People 2010 associated with it. As a group, the LHI's reflect the major health concerns in the U.S. at the beginning of the 21st century. The LHI's were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues.

The LHI's are—

- | | |
|--------------------------------|---------------------------|
| 1. Physical Activity | 6. Mental Health |
| 2. Overweight and Obesity | 7. Injury and Violence |
| 3. Tobacco Use | 8. Environmental Quality |
| 4. Substance Abuse | 9. Immunization |
| 5. Responsible Sexual Behavior | 10. Access to Health Care |

[†] Information about Healthy People 2010 is excerpted directly from the U.S. Department of Health and Human Services web site, <http://www.healthypeople.gov>.

About the Data Included in the Community Health Atlas

Indicators

The information presented in this section of the Community Health Atlas is organized around the LHI's put forth in Healthy People 2010. Whenever possible, information presented is consistent with the standards for measurement of the LHI's, but when such data is not available, the most relevant available datasets have been substituted.

Scale

The aim of this atlas is to compile data that is relevant to local populations and their health concerns. Unfortunately, public health data is not always collected in such a way as to allow us to examine issues at a local scale. Health data is not available at the census tract level that was used in the previous maps of community characteristics, for example. Sometimes, the data is mappable by zip code area, but more often the data are only available for the entire county or state, and therefore mapping adds nothing to the presentation of the data. For that reason, much of the data related to the LHI's is presented in tabular (table) form. What may be helpful in some instances are statistical breakdowns by age group or ethnicity. These may help you to understand the possible significance of a particular issue to a local area for which population characteristics are known.

The tables containing data may include significant numbers of cells without data. The tables are organized in this way to help the reader to know what data is and is not available. Values less than 5 are typically not reported, so this will account for empty cells in many tables. A cell with an "NA" in it confirms for the reader that an item is not currently available for that year or category. Each page indicates source or sources for all tables and charts on the page.

Leading Health Indicator #1: Physical Activity

Table 1A. Percentage of Students Who Exercised or Participated in Physical Activities for at Least 20 Minutes that Made Them Sweat and Breathe Hard on 3 or More of the Past 7 Days.

	S a n D i e g o											National Data	
	1991		1993		1995		1997		1999		2001		1999
	%	95% CI*	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	% (95% CI)
Total	73.4	(67.6 – 79.1)	68.6	(65.9 – 71.3)	63.2	(60.2 – 66.3)	67.4	(65.0 – 69.8)	67.2	(63.8 – 70.6)	65.0	(61.2 – 68.8)	64.6 (+/-1.5)
Gender													
Male	81.4	(75.6 – 87.3)	77.4	(74.4 – 80.5)	71.6	(67.7 – 75.6)	74.2	(71.2 – 77.1)	74.4	(70.8 – 78.0)	72.3	(67.8 – 76.8)	72.6 (+/-1.7)
Female	65.0	(55.8 – 74.2)	59.8	(56.0 – 63.6)	55.6	(51.4 – 59.8)	60.5	(57.1 – 64.0)	60.2	(55.6 – 64.9)	57.8	(53.0 – 62.7)	57.0 (+/-2.4)
Age													
15 or less	80.4	(72.1 – 88.8)	79.2	(73.4 – 84.9)	71.2	(67.2 – 75.1)	76.2	(73.4 – 79.0)	76.4	(72.2 – 80.5)	73.3	(68.9 – 77.7)	NA
16 or 17	71.0	(63.8 – 78.1)	66.0	(62.4 – 69.6)	60.2	(56.3 – 64.1)	64.3	(61.0 – 67.6)	63.1	(59.3 – 66.9)	61.4	(56.7 – 66.0)	NA
18 or more	64.5	(50.9 – 78.2)	53.3	(45.5 – 61.1)	51.1	(46.0 – 56.3)	50.1	(44.6 – 55.6)	51.7	(43.7 – 59.8)	50.5	(41.3 – 59.6)	NA
Race/Ethnicity													
White	78.3	(69.0 – 87.5)	73.5	(69.9 – 77.2)	67.5	(62.6 – 72.4)	75.5	(72.0 – 79.0)	73.1	(68.7 – 77.6)	71.8	(64.9 – 78.6)	66.5 (+/-1.8)
African American	71.3	(57.7 – 85.0)	67.6	(59.8 – 75.4)	65.8	(57.9 – 73.8)	61.3	(55.6 – 66.9)	66.3	(59.2 – 73.4)	63.3	(56.2 – 70.4)	59.7 (+/-3.9)
Hispanic	69.8	(62.7 – 77.0)	64.6	(59.5 – 69.7)	58.5	(53.4 – 63.6)	63.5	(58.4 – 68.6)	64.1	(58.4 – 69.8)	62.3	(57.2 – 67.3)	60.5 (+/-2.5)
Filipino	NA	NA	68.0	(61.9 – 74.1)	62.4	(57.1 – 67.8)	61.7	(53.5 – 70.0)	70.7	(60.2 – 81.3)	55.0	(46.8 – 63.3)	NA
Asian	NA	NA	62.2	(55.2 – 69.1)	60.9	(54.7 – 67.2)	67.5	(61.2 – 73.8)	51.8	(41.5 – 62.1)	58.6	(49.7 – 67.5)	NA
Other	67.4	(58.5 – 76.2)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Participants	N = 658		N = 1,778		N = 1,997		N = 2,445		N = 1,715		N = 1,776		NA

Footnotes: Prevalence estimates by selected characteristics are not reported when numbers of observations were <25 in 1991, <50 in 1993, and <100 in 1995 to 2001 surveys.

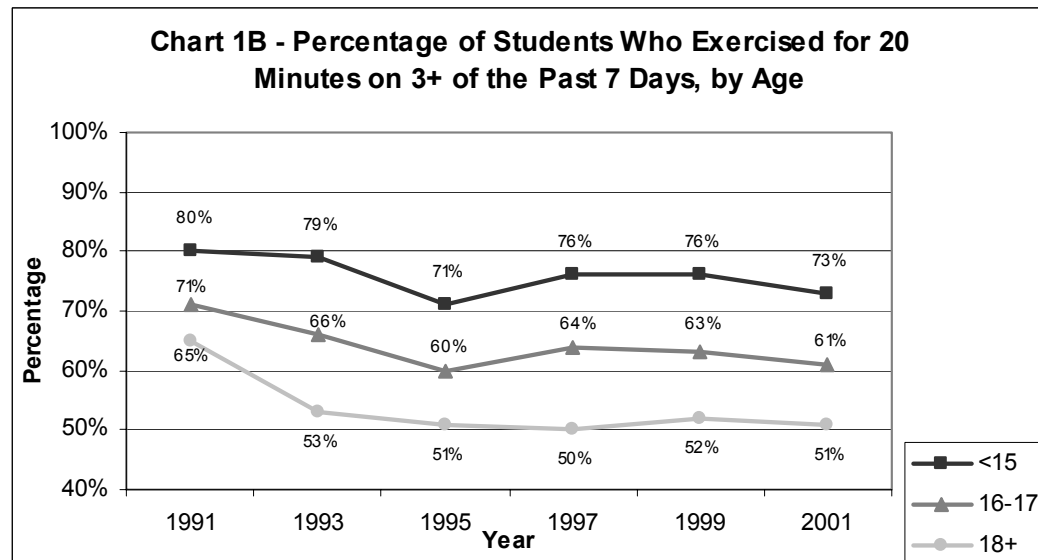
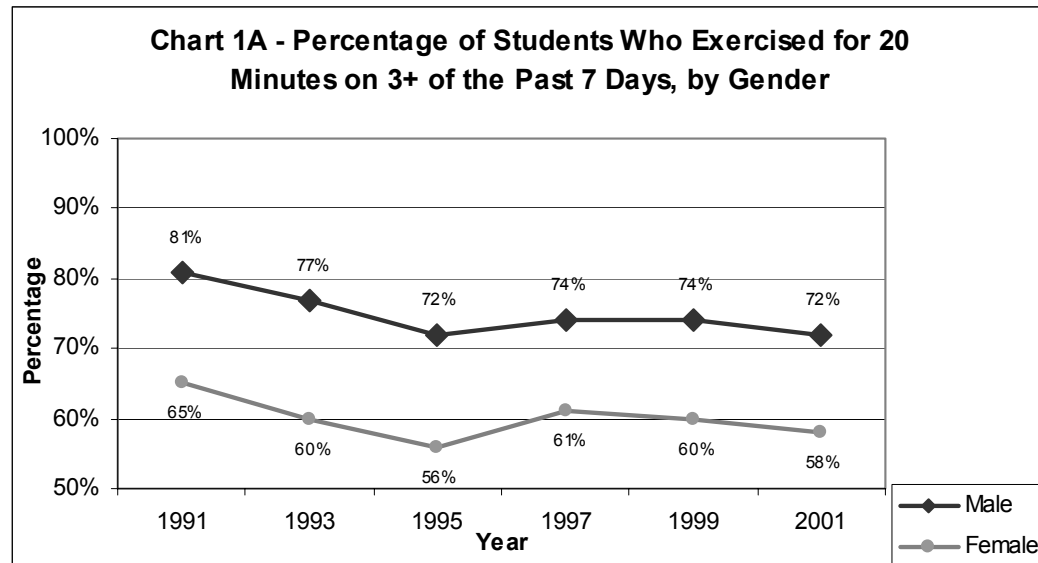
Sources: Youth Risk Behavior Surveillance System (YRBSS), San Diego City Schools, 1991 to 2001; Youth Risk Behavior Surveillance System (YRBSS), United States, 2001

Table prepared by: Community Epidemiology, Updated 11/18/2002



- 1) Percent reporting exercise in 2001 is approximately equal to the national average for that year.
- 2) Higher percentage of males report exercising than females across all years.
- 3) Percent reporting exercise decreases with age across all years.
- 4) Whites are most likely to report exercising across all years.

* Confidence Interval



Leading Health Indicator #2: Overweight and Obesity

Table 2A. Percentage of Adults Who are Obese (by BMI*).

	C a l i f o r n i a											Nationwide Median	
	1991		1993		1995		1997		1999		2000		2000
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%
Total	10.5	(9.3 - 11.7)	13.2	(11.8 - 14.6)	15.1	(13.1 - 17.1)	16	(14.6 - 17.4)	18.7	(17.3 - 20.0)	19.9	(18.3 - 21.4)	20.1
Gender													
Male	9.9	(8.1 - 11.7)	13.1	(10.9 - 15.3)	16	(12.7 - 19.3)	16.2	(14.0 - 18.4)	17.8	(15.8 - 19.7)	20.6	(18.0 - 23.1)	20.6
Female	11	(9.2 - 12.8)	13.2	(11.6 - 14.8)	14.2	(12.2 - 16.2)	15.7	(13.9 - 17.5)	19.7	(17.7 - 21.6)	19.3	(17.3 - 21.2)	19.8
Age													
18-34	7	(5.4 - 8.6)	10.4	(8.1 - 12.8)	13	(10.4 - 15.6)	14.3	(11.9 - 16.6)	13.2	(11.0 - 15.3)	16.2	(13.8 - 18.5)	15.8
35-49	14.1	(11.4 - 16.8)	14.5	(12.2 - 16.9)	15.4	(12.5 - 18.3)	18.4	(16.1 - 20.8)	22.5	(19.9 - 25.0)	22.8	(19.6 - 25.9)	22
50-64	15.8	(12.3 - 19.3)	17.2	(13.9 - 20.5)	21.4	(14.2 - 28.6)	19.7	(16.6 - 22.8)	21.7	(18.3 - 25.0)	22.8	(19.2 - 26.3)	26.7
65+	7.3	(5.0 - 9.7)	13.5	(10.6 - 16.4)	12.8	(9.7 - 15.9)	10.2	(7.8 - 12.6)	19.2	(15.6 - 22.7)	18.1	(14.3 - 21.8)	18.2

*The measure of obesity is based body mass index (BMI) which is calculated from the reported height and weight of the individual.

Source: Behavioral Risk Factor Surveillance System (BRFSS), www.cdc.gov/nccphp/brfss

Table prepared by: Community Epidemiology, Updated 11/18/2002



- 1) Percentage of adults reporting obesity has increased across all years.
- 2) No gender differences are apparent.
- 3) Percent reporting obesity tends to increase with age until 64 years, then decrease in the 65+ age group.

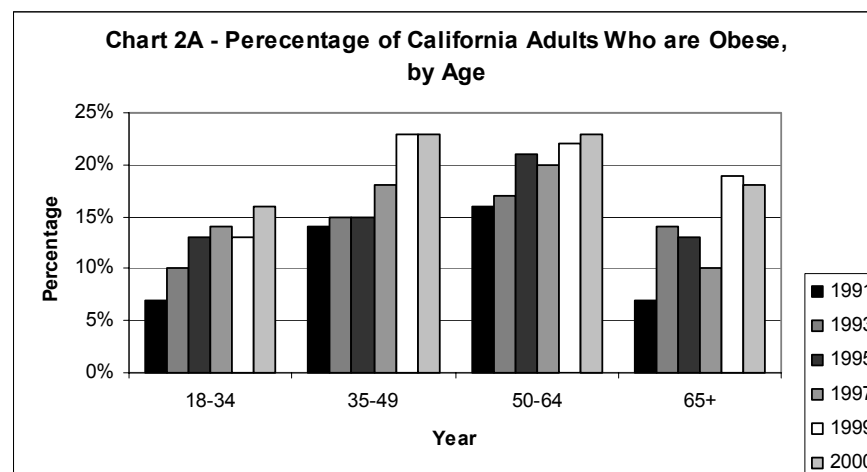


Table 2B. Percent of Children Ages 6 to 19 Identified in CHDP Exams to be Over the 95th Percentile for Weight-to-Height in the “Growth Charts”.

	1995	1996	1997	1998	1999
San Diego County	11.6%	11.5%	11.6%	12.2%	13.2%
California	13.3%	13.1%	13.4%	14.1%	14.4%
U.S.	10.0%	10.2%	10.4%	10.7%	11.0%
Age Group					
5-9 years	14.2%	15.0%	15.4%	16.8%	18.4%
10-12 years	17.9%	18.2%	20.6%	21.2%	24.6%
13-17 years	NA	NA	NA	NA	NA

Footnotes: Percentages are not calculated for cells with numbers less than 100. Data are from a variety of programs for low income children.

Source: California Department of Health Services, Children's Medical Services Branch

Table prepared by: Community Epidemiology, Updated 8/16/2002



- 1) The overall trend for San Diego County is in accordance with the California and U.S. trends; the percentage of individuals over the 95th percentile for height-to-weight ratio has increased from 1997 through 1999.
- 2) Concerning age groups, 10-12-year olds have higher rates than 5-9-year olds across all years of interest, however rates for both age groups have increased steadily across all years of interest.

